



Village of Arlington Heights  
33 S. Arlington Heights Rd.  
Arlington Heights, IL 60005  
(847) 368-5792

847/368-5792  
Fax: 847/368-5981

## APPLICATION FOR HUMAN SERVICES PROGRAMS

I am applying for: (check all that apply)

- Financial Assistance
- Counseling Subsidy
- Park Scholarship (includes discount for 2 classes per person each session, C.A.P. Program, & pool passes)

C.A.P. (Children at Play Program only)       New       Renewal (for CAP only)

The purpose of these programs is to assist Village of Arlington Heights residents experiencing emergency situations with **temporary financial assistance** as long as funds are available. These programs are not funded by Federal or State programs and therefore are stop gap measures, not long term solutions. Clients who have not been helped in the past will be given first priority. Applicants may be eligible for assistance no more than one time per 18 month period.

All information contained herein shall be kept confidential, to the extent permitted by law. Please read the application carefully. Any required information not included, such as proof of income, will result in delays in processing. Because we receive so many applications, only forms with all required documents attached will be accepted.

Please return completed application to:

Human Services Coordinator  
Village of Arlington Heights  
33 S. Arlington Heights Rd.  
Arlington Heights, IL 60005

All information provided is accurate and complete. I understand that my refusal to disclose required information will disqualify me from receiving assistance.

For programs based on a sliding scale, I agree to pay my share as determined by Human Services and understand that my failure to pay my share of the cost may result in my disqualification from the program and any other programs available through the Village of Arlington Heights' Human Services Division.

Any scholarships or subsidies awarded will apply to future discounts only and cannot be used for reimbursement of payments already made. Scholarships and subsidies expire one year from date of approval unless otherwise indicated.

I understand that this information may be shared with other agencies in this area. I agree to hold harmless all volunteers, agents, counselors, offices, and directors from any claim, suit, action, demand, or liability of any kind and any nature arising out of or in any manner connected with any food, clothing, or other assistance either monetary or otherwise obtained by myself for my own use or benefit, or any family member, friend, or associate's use. I certify that I have not received emergency assistance at any other Salvation Army Service Extension Program sites within 12 months of this application.

Name (PLEASE PRINT NAME CLEARLY)

Date

**Signature**

(applications without a signature will not be processed)

You **MUST** submit the following documents for your application to be processed. If we do not have these documents, your application will **NOT** be considered.

1. **PROOF OF RESIDENCY:** (two documents with your name and address)
  - Lease or mortgage statement
  - gas bill, electric bill, (no phone bills)
2. **PROOF OF CURRENT TOTAL HOUSEHOLD INCOME BEFORE TAXES:**
  - W2 form (if it is the same as current amount) (No tax returns) **or**
  - 3 months pay stubs with length of pay period indicated.
3. **PROOF OF ALL HOUSEHOLD MEMBERS:** Only one form of identification is required.
  - ID for each member of the household.
  - For children we will accept medical cards, reduced lunch program enrollment, or school registration.

### PLEASE COMPLETE THE FOLLOWING INFORMATION

**All questions highlighted in yellow are required information. If these are not fully completed your application will be rejected.**

#### **ADULT APPLICANT**

**Full Name**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Initial

**Address**

\_\_\_\_\_ Arlington Hts. IL 6000  
No. Street Apt. # City State Zip

**Telephone** \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE PRINT CLEARLY!**

**Second contact number:** \_\_\_\_\_

Due to requirements from HUD for demographic information we must ask the following questions. This information will only be used for research purposes.

**Ethnic Background:** Hispanic or Latino  Polish  Russian  Other \_\_\_\_\_  
**Race:** Alaska Native  Asian  American Indian  Black or African American   
Native Hawaiian or other Pacific Islander  Caucasian

#### **HUSBAND/WIFE/PARTNER**

##### **CO-APPLICANT (Spouse/Life Partner living in household)**

**Full Name**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Initial

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Ethnic Background:** Hispanic or Latino  Polish  Russian  Other \_\_\_\_\_  
**Race:** Alaska Native  Asian  American Indian  Black or African American  Caucasian   
Native Hawaiian or other Pacific Islander

# LIST ALL CHILDREN AND OTHER MEMBERS OF THE HOUSEHOLD

(grandparents, aunts, uncles, etc.)

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

**Ethnic Background:** Hispanic or Latino  Polish  Russian  Other \_\_\_\_\_

**Race:** Alaska Native  Asian  American Indian  Black or African American   
Native Hawaiian or other Pacific Islander  Caucasian

2. Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

**Ethnic Background:** Hispanic or Latino  Polish  Russian  Other \_\_\_\_\_

**Race:** Alaska Native  Asian  American Indian  Black or African American   
Native Hawaiian or other Pacific Islander  Caucasian

3. Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

**Ethnic Background:** Hispanic or Latino  Polish  Russian  Other \_\_\_\_\_

**Race:** Alaska Native  Asian  American Indian  Black or African American   
Native Hawaiian or other Pacific Islander  Caucasian

4. Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

**Ethnic Background:** Hispanic or Latino  Polish  Russian  Other \_\_\_\_\_

**Race:** Alaska Native  Asian  American Indian  Black or African American   
Native Hawaiian or other Pacific Islander  Caucasian

5. Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

**Ethnic Background:** Hispanic or Latino  Polish  Russian  Other \_\_\_\_\_

**Race:** Alaska Native  Asian  American Indian  Black or African American   
Native Hawaiian or other Pacific Islander  Caucasian

**Any additional family members can be added here or on the back**

# REQUIRED INFORMATION

PLEASE LIST ALL HOUSEHOLD INCOME *BEFORE TAXES*

**\$ GROSS MONTHLY INCOME \$** \_\_\_\_\_

(write in amount for one month)

Source of Income: (please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> wages                  | <input type="checkbox"/> ssi/ssdi        |
| <input type="checkbox"/> child support          | <input type="checkbox"/> social security |
| <input type="checkbox"/> Unemployment           | <input type="checkbox"/> pension         |
| <input type="checkbox"/> Savings                | <input type="checkbox"/> alimony         |
| <input type="checkbox"/> other (Please explain) |  |

**Describe Cause of Hardship** (provide any "proof of hardship" documentation):  
 (example: Loss of employment, divorce, death in the family, unexpected expenses, etc.)

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**If applying for financial assistance,**  
**Please list what you are requesting, including dollar amounts you are in need of.**  
 (example: rental assistance, utilities, etc.)  
**Include copies of bills/expenses you are requesting help with.**

We do not assist with internet or cable bills

TYPE OF ASSISTANCE	Name of Payee	\$ Amount

Because Counseling and Park Scholarships are discounts we do not need dollar amounts for these programs.